

<p>UTILITY PATENT APPLICATION TRANSMITTAL</p> <p>(Only for new nonprovisional applications under 37 CFR 1.53(b))</p>	<p>Attorney Docket No.: 27529 First Inventor: Zhi-Jian Yu Title: CETYL PYRIDINIUM CHLORIDE AS AN ANTIMICR AGENT IN OPHTHALMIC COMPOSITIONS Express Mail Label No.: EV 230729884 US</p>
<p>Address: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	

The following enclosures are transmitted herewith to be filed in the patent application of:
Inventors:

1. Zhi-Jian Yu

11 ENR/July 16, 2007

2. Stanley W. Huth

Application Elements:

Specification in 47 pages.
 Newly executed Declaration and Power of Attorney in 2 pages.

Accompanying Application Parts:

(X) Assignment papers (cover sheet and documents).
(X) Return receipt postcard.

Filing Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Basic Utility		1001 (\$770)		\$ 770
Total Claims	57 - 20 =	1202 (\$18)	37 x 18 =	\$ 666
Independent Claims	13 - 3 =	1201 (\$86)	10 x 86 =	\$ 860
Recordation Fee		8021 (\$40)		\$ 40
TOTAL FEE DUE				\$2336

Method of Payment of Fees

Charge Account No. 502317 in the amount of \$2336.00.

Authorization to Charge Additional Fees

Commissioner is hereby authorized to charge any fees, late fees, or surcharges by this paper and during the entire pendency of this application under 37 C.F.R. 1.16 and 1.17 to Account No. 502317.

Respectfully Submitted,

Date: 07/21/04
April 7, 2004

Peter J. Gluck
Peter J. Gluck
Chief IP Counsel
Registration No. 38,022
Customer No. 33357
Advanced Medical Optics, Inc.
(714) 247-8510

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service with sufficient Postage for Express Mail, with Express Mail Number EV 230729884 US in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. BOX 1450, Alexandria, VA. 22313-1450, on the dated indicated below. Signature: _____ Date _____

DEPOSITOR'S NAME: Rebecca Smith

Commissioner for Patients, P.O. Box 1450, Alexandria, VA 223
Signature: _____ Date: _____

17548 U.S.PTO
10/820486

